Addiction Science Reviews

Addiction Science Reviews Vol. 1 Issue.1
Doi:10.35365/asr.26.1.08

REVIEW ARTICLE / DERLEME YAZISI

A Traditional Review on the Relationship Between Substance Use and Maladaptive Daydreaming in Adolescents

Ergenlerde Madde Kullanımı ve Uyum Bozucu Gündüz Düşü İlişkisini İncelenmeye Yönelik Geleneksel Bir Derleme

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Abstract:

Adolescence is a period marked by intense biological, psychological, and social changes, during which the likelihood of engaging in risky behaviors increases. Substance use (SU) is a significant risk factor that negatively affects adolescents' social lives and mental health. In this context, experiences during adolescence may be related to SU. In recent years, the concept of maladaptive daydreaming (MD) has also begun to be examined in relation to psychological processes in adolescence. This review aims to comprehensively examine the existing literature on the relationship between SU and MD in adolescents. Accordingly, the study was conducted using a structured review approach, evaluating articles, theses, and academic studies from both national and international literature. The literature review was conducted using specific keywords across different databases, and relevant studies were included according to predefined criteria. The reviewed studies indicate significant associations between SU and various psychological variables among adolescents. In particular, childhood traumas and adverse life experiences may contribute to both SU and a tendency toward MD. Moreover, individuals may develop different behavioral patterns as coping mechanisms during these processes. In conclusion, the relationship between SU and MD in adolescents appears to be linked to various psychosocial factors. It is recommended that future research use multivariate and longitudinal designs to examine this relationship more deeply.

Keywords: Adolescence, Substance use, Maladaptive daydreaming, Childhood trauma, Coping mechanisms, Psychosocial factors.

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Date of Received/Geliş Tarihi: 06.04.2026, **Date of Revision/Düzeltme Tarihi:** 25.04.2026, **Date of Acceptance/Kabul Tarihi:** 25.04.2026, **Date of Online Publication/Çevirimiçi Yayın Tarihi:** 29.04.2026

Citing/Referans Gösterimi: Yırtıcı, F. & Çakıcı, M. (2026). A traditional review on the relationship between substance use and maladaptive daydreaming in adolescents, *Addiction Science Reviews*, *1*(1), 66-74, Doi: 10.35365/asr.26.1.08

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Öz:

Ergenlik dönemi, biyolojik, psikolojik ve sosyal değişimlerin yoğun yaşandığı bir süreçtir ve bu süreçte gençlerin riskli davranışlara yönelme olasılığı artmaktadır. Madde kullanımı, ergenlerin toplumsal yaşamlarını ve ruh sağlığını olumsuz etkileyen önemli bir risk faktörüdür. Bu bağlamda, ergenlik döneminde yaşanan deneyimlerin bireylerin madde kullanımıyla ilişkili olabileceği düşünülmektedir. Son yıllarda, uyumsuz (maladaptif) gündüz düşü kavramı da ergenlik dönemindeki psikolojik süreçlerle ilişkili olarak ele alınmaya başlanmıştır. Bu derlemenin amacı, ergenlerde madde kullanımı ile uyumsuz gündüz düşü arasındaki ilişkiye dair mevcut literatürü kapsamlı bir şekilde incelemektir. Bu doğrultuda, çalışma yapılandırılmış bir derleme yaklaşımıyla yürütülmüş ve ulusal ve uluslararası literatürde yer alan makaleler, tezler ve akademik çalışmalar değerlendirilmiştir. Literatür taraması, belirli anahtar kelimeler kullanılarak farklı veritabanları üzerinden gerçekleştirilmiş ve uygun çalışmalar belirlenen ölçütlere göre dahil edilmiştir. İncelenen çalışmalar, ergenlerde madde kullanımı ile çeşitli psikolojik değişkenler arasında anlamlı ilişkiler bulunduğunu göstermektedir. Özellikle çocukluk çağı travmaları ve olumsuz yaşantıların, hem madde kullanımına hem de uyumsuz gündüz düşü eğilimlerine katkıda bulunabileceği ifade edilmektedir. Ayrıca, bireylerin bu süreçlerde baş etme mekanizmaları olarak farklı davranış örüntüleri geliştirebildiği görülmektedir. Sonuç olarak, ergenlerde madde kullanımı ile uyumsuz gündüz düşü arasındaki ilişkinin çeşitli psikososyal faktörlerle bağlantılı olduğu anlaşılmaktadır. Bu ilişkinin daha derinlemesine incelenebilmesi için gelecekte yapılacak çalışmalarda çok değişkenli ve boylamsal araştırma tasarımlarının kullanılması önerilmektedir.

Anahtar Kelimeler: Ergenlik, Madde kullanımı, Uyumsuz gündüz düşü, Çocukluk çağı travması, Baş etme mekanizmaları, Psikososyal faktörler.

Introduction

Adolescence is a critical period during which individuals undergo significant physical, emotional, and social changes, explore their identities, and make important decisions about their futures (Laurence Steinberg, 2008; Arnett, 1999). However, this period is also characterised as a stage when SU often begins among young people (Sussman, Skara, and Ames, 2008; Turkish Green Crescent Society, 2022). Today, SU among high school-aged youth is on the rise, posing serious risks to their health and futures (UNICEF, 2021; Turkish Statistical Institute, 2019; Volkow et al., 2021). The increasing prevalence of SU negatively affects many aspects of young people's lives, such as sleep quality, stress management, emotional balance, and academic achievement (Wills and Shiffman, 1985; Ministry of Health, 2020).

Investigating the reasons behind adolescents' SU is crucial for finding solutions to this issue (Sussman, Skara, and Ames, 2008; Turkish Green Crescent Society, 2022). In this context, research often points to family relationships and childhood experiences (Hawkins, Catalano, and Miller, 1992; Ministry of Health, 2020). Childhood adversity is strongly associated with increased risk of later substance use (Shanta R. Dube et al., 2019; Andrea Danese & McEwen, 2017). The strong relationship between childhood trauma and SU has been demonstrated in various studies (Turkish Statistical Institute, 2019). Researchers are increasingly interested in understanding how the relationship between childhood trauma and SU develops. Psychopathological difficulties arising from adverse childhood experiences may drive young people toward SU (Anda et al., 2006; Dube et al., 2003; World Health Organisation, 2014). For adolescents, SU may serve as a means of coping with the distress caused by childhood trauma. Childhood trauma can also be associated with MD (Somer, 2002; Somer et al., 2016). Traumatised children, in particular, are more likely to develop MD (Pietkiewicz et al., 2018; Bigelsen and Schupak, 2011). Consequently, the relationship between SU and MD has become a topic of interest for researchers.

In this context, this review aims to examine the relationship between SU and MD characteristics among adolescents. By addressing the relationship between SU and MD during adolescence within a holistic framework, this review targets a notable gap in the literature. Existing studies mostly examine these two phenomena separately or focus on adult samples; however, adolescence is a unique period marked by both neurodevelopmental vulnerabilities and the intensification of risky coping strategies. Therefore, this article aims to synthesise theoretical and empirical findings on how MD, as a possible avoidance/emotion regulation mechanism, may pave the way for SU, or how SU may reinforce this cognitive-emotional process.

Method

In this review, the literature examining the relationships between SU and MD in adolescents was systematically searched. National and international peer-reviewed journals, academic databases, and master's and doctoral theses were used as sources. In selecting studies, quantitative and qualitative research published in the last 20 years that covered adolescent populations and measured SU and daydreaming/fantasy tendencies were prioritised. The methodological quality of the reviewed studies, sample sizes, data collection instruments, and analysis methods were comparatively examined. During the review process, the studies' findings were thematically classified, and the relationships among types of SU, daydreaming patterns, and psychosocial risk factors were evaluated in detail. Furthermore, considering the scales and measurement methods used in the studies, the comparability and reliability of the results were analysed. Through this method, the potential links between SU and MD in adolescents were systematically and comprehensively revealed.

In this review, the literature search was conducted using PubMed, Web of Science, Scopus, TR Dizin, Google Scholar, and the Council of Higher Education (YÖK)

National Thesis Centre databases to access national thesis studies. English and Turkish keywords were used together during the search process. The main search terms were determined as: "MD," "uyum bozucu gündüz düşü," "adolescent," "ergen," "youth," "substance use," "madde kullanımı," "drug use," and "addiction." These keywords were combined using Boolean operators ("AND", "OR") as follows: ("maladaptive daydreaming" OR "uyum bozucu gündüz düşü") AND ("adolescent" OR "ergen" OR "youth") AND ("substance use" OR "madde kullanımı" OR "drug use" OR "addiction" OR "substance use"). The search scope was limited to the period from January 2020 to March 2026. Inclusion criteria were as follows: (i) articles published in peer-reviewed journals or academic theses, (ii) inclusion of adolescent or youth samples or findings generalizable to these age groups, (iii) addressing MD, SU, or psychological processes related to these two variables, and (iv) availability of full-text access. Exclusion criteria were defined as: (i) editorial articles, opinion pieces, and book reviews, (ii) studies not peer-reviewed (e.g., preprints), (iii) research limited to adult clinical samples and not generalizable to adolescence, and (iv) studies lacking sufficient methodological information.

During the systematic reporting and evaluation of the selected studies, the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) guidelines were adopted (Page et al., 2021). Accordingly, search results were first screened at the title and abstract level, and subsequently, eligible studies were evaluated in full text. Duplicate records across databases were removed, and the remaining studies were assessed methodologically. The quality of the studies was qualitatively evaluated based on criteria such as sample size, validity, and reliability of the measurement tools used, clarity of the research design, and analysis methods. Throughout the process, the principles of transparency and reproducibility were observed, and the screening and selection phases were conducted systematically to form the final study group.

Findings

Adolescence Period

According to the APA's definition, adolescence is the developmental stage marked by the maturation of the genital organs and the emergence of secondary sexual characteristics, signifying the onset of puberty (APA, 2026). Erik Erikson considers adolescence as a significant transitional phase in an individual's life and highlights it as a critical period for psychosocial development (Erikson, 1968). The adolescent period typically begins between the ages of 9 and 11 and continues until around 17 or 18, during which rapid physical, mental, emotional, and social changes take place. These changes often lead to anxiety and stress among adolescents (Sayıl et al., 2002; Gül & Güneş, 2009; Ronald E. Dahl et al., 2018). Puberty generally starts around ages 13-14 for girls and 14-15 for boys (Çubukçu & Sivaslıgil, 2007). Observable physical changes include the emergence of secondary sexual characteristics, such as changes in voice tone and facial features. For girls, changes include widening of the hips and breast development, while for boys, shoulders widen, facial hair appears, and the body becomes more muscular. Both genders may experience concerns or psychological issues related to bodily changes (Yöndem & Güler, 2007; Gül & Güneş, 2009). Adolescence is considered the transitional stage that begins with the end of childhood and encompasses physical, mental, sexual, emotional, moral, and social maturation, bridging the gap between childhood and adulthood. It is a period during which individuals leave behind childhood and its associated characteristics, discovering not only their physical and sexual selves but also beginning to understand themselves and their social environment (Kulaksızoğlu, 2000; Aybak & İpek, 2021).

The Importance of Family and Environment During Adolescence

The emotional bond adolescents form with their parents constitutes a fundamental part of their self-esteem (Günay, 2022; Çiftçi, 2023). The presence of positive family relationships increases adolescents' emotional security and supports self-esteem. Adolescents who feel accepted by their parents experience higher self-esteem and become more aware of their place in society (Onur, 2023; Çiftçi, 2023). The bond between family members develops in accordance with the behaviors of the mother and father. Adolescents who can cope with the challenges of developmental stages are usually those living in appropriate, that is, healthy, family environments. The course of family relationships determines how adolescents will navigate future life stages (Yavuzer, 1993; Çetintaş, 2021). Healthy parental attitudes positively influence adolescents' self-respect, self-worth, self-confidence, and communication with others. If adolescence is experienced positively, it concludes without trauma (Bakırcıoğlu, 2012; Çetintaş, 2021). In unhealthy family environments and with negative parental attitudes, inappropriate and adverse behaviors by parents towards adolescents can result in problematic development. Adolescents who are unsupported or unnoticed by their families struggle to distinguish between positive and negative attitudes and may try to assert their presence through aggressive behaviors, becoming prone to delinquency (Bakırcıoğlu, 2012; Çetintaş, 2021). Therefore, adolescents may resort to inappropriate behaviors such as bullying, theft, SU, or harming their environment, and may engage in illegal or unlawful activities.

Consequences of Traumatic Experiences in Adolescents

The word "trauma" is derived from the Greek, Sanskrit, and Persian root "tere" and the word "trauma," dating back to 1500 BC (Wilson & Lindy, 2013; Duman, 2019). Literally, trauma means "open hole." This refers to a rupture in bodily integrity, especially an opening, indicating a sudden change and a disruption in physical and mental wholeness (Wilson & Lindy, 2013; Duman, 2019). Trauma includes memories, events, and situations that threaten an individual's life and bodily integrity, create feelings of fear, anxiety, and horror, and disrupt or impede daily functioning. According to the American Psychological Association, trauma may stem from various life events such as physical, emotional, or sexual abuse, domestic violence, social violence, natural disasters, and suicide (APA, 2026). According to DSM-5, trauma is defined as not only experiencing such events directly, but also witnessing, hearing about, or being exposed to events involving severe injury or death affecting family or close acquaintances (APA, 2013).

Trauma is also defined as experiencing frightening events that cause loss of control and may adversely affect mental health (Spiegel, 2008; Güner, 2020). Corsini notes that the distinction between trauma and traumatic experience is subtle: traumatic experiences are painful or injurious life

events, while trauma refers to the resulting physical and psychological symptoms (Corsini, 2002; Güner, 2020). Scaer (2005), on the other hand, states that trauma leads to significant reductions in neurons, synapses, and neurochemical activity in the brain, erasing the distinction between past and present, and thus the effects of past events persist in daily life; procedural memory is frequently suppressed by environmental cues that remind one of past events (Robinson, 2008; Güner, 2020).

According to the APA (2008), more than two-thirds of adolescents aged 16 and over report distress due to traumatic events, and mental health professionals most commonly observe trauma symptoms in children and adolescents, such as the development of new fears, separation anxiety, sleep disorders, decreased interest in activities, reduced concentration, decline in academic achievement, and somatic complaints (Güner, 2020). According to a report by the World Health Organisation (WHO), one in three children experiences childhood trauma, and two out of four children are exposed to physical abuse (Doğanlı & Karaörs, 2017; Güner, 2020).

Substance Use

According to the APA, SU involves continued use despite substance-related problems, distress, and/or impairments such as loss of control and risky use. This may be accompanied by physiological, behavioral, and cognitive symptoms (APA Dictionary, 2024). Disorders related to SU include substance abuse, substance dependence, substance withdrawal, substance intoxication, delirium, psychotic disorders, mood disorders, anxiety disorders, sexual dysfunctions, persistent dementia, persistent amnestic disorders, and other disorders (Türker, 2016).

Epidemiology of Substance Use

According to the 2019 report by the United Nations Office on Drugs and Crime (UNODC), in 2017, approximately 271 million people—about 5.5% of the global population aged 15 to 64—had used substances at least once, and 35 million people had SU disorders. The 2016 report indicates that in the USA, 20.1 million individuals aged 12 and over had a SU disorder; 15.1 million had alcohol use disorder, and 7.4 million used illegal substances. Among illegal substances, cannabis was the most widely used (4.0 million people), and 2.1 million had opioid use disorders. A study in Turkey revealed that 75% of individuals who use substances started before the age of 20 (UNODC, 2020). Studies using the ESPAD (European School Survey Project on Alcohol and Other Drugs) form between 1995 and 2019 reported a threefold increase in adolescent SU over 23 years (Çakıcı et al., 2019). In 2019, the lifetime prevalence rates were found to be 35.8% for at least once cigarette use, 67.4% for alcohol, 9.1% for other psychoactive substances, and 4.6% for illegal substances.

Risk Factors Affecting Substance Use Disorder

It is not possible to attribute SU and addiction in adolescents to a single factor. Substance dependence results from a combination of various factors, including genetic, individual, behavioral, and sociocultural risk factors (National Institute on Drug Abuse, 2020; George F. Koob & Volkow, 2016; Louisa Degenhardt et al., 2016). In particular, family problems, parental attitudes, loss of parents, and problematic relationships with parents are significant factors for SU during childhood (Türker, 2016). According to Kaplan and Sadocks (1998), inadequate parental roles, inconsistent and unhealthy communication and family management, family conflicts and problem-solving skills, family members' personalities, and experiences of physical, psychological, and sexual abuse lead adolescents towards SU. If parents have a tolerant and lenient attitude towards SU, the risk of SU in the individual increases. If the adolescent's relationship with parents is neither warm nor close, and a positive sense of discipline has not been developed, this increases the tendency towards SU (Laurence Steinberg, 2014; Robert E. Dishion & Tipsord, 2011).

The most significant risk factor is reported to be having friends who use substances (Ögel et al., 2005). Furthermore, if members of the peer group have a tolerant attitude towards SU, this supports SU in adolescents. SU in adolescents is a collective behavior and, beyond being shaped solely by cultural and social factors, emerges within group dynamics (Mitchell J. Prinstein & Kenneth A. Dodge, 2008). This behavior is more related to the effort to gain acceptance and status within the peer group than to personal preference or experience. The perception of this behavior by others has become more important than the individual's own preference (Laurence Steinberg, 2008).

Dreams

The concept of dreaming is addressed in the literature through a range of overlapping terms such as fantasy, daydreaming, reverie, and mind-wandering, which are often used interchangeably yet may reflect partially distinct forms of internally generated, task-unrelated thought processes (Schooler et al., 2011; Christoff et al., 2016; Merriam & Christoff, 2022). According to the APA, daydreaming is described as a waking fantasy or imagination in which our desires, expectations, and other potentials are realised in the mind. Dreams, which are part of the flow of thoughts and images encompassing much of a person's waking hours, can be spontaneous or deliberate, unsolicited and seemingly aimless, or purely products of imagination (APA, 2026). Freud defined daydreams as a way for individuals to resolve fantasies that are a mixture of conflicts, desires, and impulses that must be confronted, combined with socially acceptable wishes. With a large number of coincidental thoughts, the brain can generate mental solutions (Öztürk, 2019). According to Freud, dreams have three basic sources. The first consists of some events and situations from the recent past, called "day residues," that are not directly related to the dream content. The second source is the material found in the unconscious, derived from childhood experiences and not bound by concepts of "time and place." The third consists of bodily elements; for example, the effect of physiological needs on dream content, such as a thirsty person dreaming of drinking water (Cebeci, 2004; Öner, 2016).

According to Freud, the main factor determining dream content is stimulation. One type of this stimulation is internal arousal, i.e., desire or need (Tükel, 2000; Öner, 2016). Freud argued that dreams present us with manifest content, but they also contain latent content, and, in the context of analysis, a person tries to find and understand the representations of elements formed by dream images through association (Balkaya, 2013; Yılmaz, 2021). For Freud, dreams are indispensable in psychoanalytic theory. "The interpretation of dreams is the royal road to the unconscious activities of the mind." (Yılmaz, 2021). Moreover, Freud saw daydreams as a feature of creative writers, whereas in Lacan's approach, they evolved into a

more general concept of fantasy (Yılmaz, 2021). Daydreaming can serve functions such as mental escape and rest, enhancing creativity, future planning and problem-solving, self-talk and inner dialogue, fantasy and imagination, distraction, stress reduction, empathy and emotional understanding, self-knowledge, and personal development (Singer, 1966; Klinger, 2009; McMillan et al., 2013; Smallwood & Schooler, 2015).

Definition of Maladaptive Daydreaming

"Maladaptive Daydreaming," a type of daydreaming disorder, was first defined in 2002 by Prof. Dr. Eliezer Somer. This condition refers to experiencing intense daydreams to the point of disconnecting the individual from social life. On many occasions, real-world events may be influenced by these daydreams (Legg and Crino, 2017; Öztürk, 2019). Every individual experiences this condition from time to time. Since this type of daydreaming disorder is not yet recognised as a mental illness, it is not included in the DSM-5, and there is no official treatment guideline for it. As a result, many mental health professionals consider this situation to be a serious mental disorder that can negatively impact an individual's daily life (Kandola, 2017; Öztürk, 2019). Individuals with MD create a world in their imagination, experiencing all the details and emotions as if they were real, similar to schizophrenia. However, unlike schizophrenia, they are aware and conscious that this is only a fantasy and cannot come true (Legg and Crino, 2017; Öztürk, 2019).

Dreams have long been understood as an extension of the unconscious or the covert mind (Bollas, 1992; Kahn, 1963; McDougall, 1978; Singer, 1978; Winnicott, 1971; Somer, 2002). It has been reported that individuals prone to fantasy tend to spend most of their time in a world of their own creation, in imagination and fantasy (Wilson & Barber, 1981). In nonclinical samples, the prevalence of fantasy proneness is between 4-6% (Rhue, Lynn, Henry, Buhk, and Boyd, 1990; Rauschenberger and Lynn, 1995). Compared to people who do not daydream, those who do are reported to be significantly more prone to depression (Rauschenberger & Lynn, 1995). Some results suggest that a tendency toward fantasy in some individuals may be associated with significant psychopathology.

MD is generally consciously engaged in to have fun and fulfil desires, especially when feeling sad (Bigelsen et al., 2016; Somer et al., 2020; Kamak Sürmen, 2022). MD often co-occurs with other psychological disorders. In a 2017 study by Somer and colleagues, 74% of individuals with MD had more than 3 disorders, and 41% had more than 4. The most common comorbid disorders were anxiety disorder (71.8%), depressive disorder (66.7%), and OCD (53.9%). Additionally, 28.2% of participants in this study reported suicide attempts (Akyüz, 2022). Another study found that 12.8% of individuals with MD met the criteria for dissociative disorders (Somer et al., 2017; Akyüz, 2022).

The Relationship Between Substance Use and Daydreaming in Adolescents

The relationship between SU and MD in adolescents is being increasingly researched in the literature. Studies highlight major psychosocial risk factors affecting SU in adolescents, such as low self-esteem, difficulties in emotional regulation, family conflicts, and peer pressure (Patton & Ark, 2016; Kardaş, Yıldırım & Tekin, 2023). These factors directly affect adolescents' social and psychological adjustment, increasing their vulnerability to SU. On the other hand, MD, as defined in the literature, has been associated with depression, anxiety, and dissociative symptoms in adolescents, and these psychological states can lay the groundwork for risky behaviors and deviations in coping strategies (Somer, Somer & Somer, 2025). It is reported in the literature that SU is observed more frequently among adolescents with high levels of MD, and this relationship is strengthened by social environment and psychological stress factors (Nacak, 2025). Additionally, some studies suggest that MD parallels internet, gaming, and other addictive behaviors, and may indirectly contribute to SU by affecting adolescents' coping mechanisms (Eli Somer et al., 2016; Nirit Soffer-Dudek, 2018).

Discussion

This review provides important data on the relationship between adolescents, SU, and MD. It has been reported that SU significantly affects the daily functioning of young people and that childhood traumatic experiences play an influential role in the emergence of such behaviors (MyUSE Project, 2020). Scientific research on the relationship between MD and SU in adolescents indicates that these two phenomena may be connected in various ways.

Adolescence is a period in which individuals are at increased risk of encountering problematic behaviors (Flannery, 2006; Gül & Güneş, 2009). At the forefront of these risky behaviors is the experimentation with or use of substances.

In this study, a widespread relationship was found between childhood traumatic experiences and SU. Beyond the general challenges of adolescence, the presence of traumatic experiences can cause even more psychiatric problems in adolescents. Studies have shown a strong relationship between experiencing neglect and abuse in childhood, being exposed to traumatic behaviors, and the development of alcohol and SU/addiction (Aksoy & Ögel, 2005; Güner, 2020). In a study conducted in Norway involving 9,408 adolescents aged 16 to 19, a positive association was found between trauma-related disorders and alcohol and substance dependence (Heradstveit et al., 2019). It has been reported that traumatic experiences may play a role in adolescent SU (Kural et al., 2005; İrevül, 2017).

In this study, the relationship between MD and traumatic experiences was also revealed. Adverse childhood experiences can trigger MD in young people. Excessive fantasy proneness is reported as a means of escape from severe psychological distress caused by childhood traumas (Rhue & Lynn, 1987; Rhue, Lynn, Henry, Buhk & Boyd, 1990; Wilson & Barber, 1981).

MD is often observed in individuals who have attention issues, such as attention-deficit/hyperactivity disorder (ADHD) (Somer, 2002). It is well known that there is a strong relationship between ADHD and SU. Individuals with ADHD are more prone to SU due to difficulties in focusing their attention and problems with impulse control (Barkley, 1997). In this context, MD may similarly be associated with SU. In one study, individuals who experienced intense MD were found to be at higher risk for SU (Somer et al., 2016). This situation may be related to the desire to escape from daily life difficulties and emotional problems.

SU is often employed as an emotional regulation strategy. Similarly, MD may be one of the ways individuals cope with stress or escape negative emotions (Klinger, 1990). Individuals with MD tendencies may turn to this way of thinking to distance themselves from real-world problems and to create a more controllable and satisfying environment in their imagination. SU may also function as a similar escape mechanism. In the study by Somer and colleagues (2016), a significant proportion of individuals with SU disorder exhibited symptoms of MD. These individuals generally reported a tendency to engage in intense daydreaming since childhood, and that their fantasy world became uncontrollable over time. For these individuals, SU can serve as a way to make their imaginary worlds more accessible or to escape from disappointments.

Limitations

Although this review provides important conceptual insights by addressing the possible multidimensional relationships between SU and MD in adolescents, it also has some methodological limitations. First, since the study is a review, the findings are based on synthesising the existing literature rather than establishing direct causal relationships. In addition, the literature review's focus on published research introduces a risk of publication bias. Furthermore, the limited number of studies directly examining the relationship between MD and SU and focusing on adolescents results in the conclusions being largely based on indirect findings and limited to adolescents. Another limitation is the generalizability of the findings due to sociocultural differences.

Conclusion and Recommendations

This review evaluates the relationship between SU and MD during adolescence in a holistic manner based on the current literature, indicating that these two important issues may intersect on common psychological grounds. The findings show that both SU and MD in adolescents may not only be behavioral problems but also reflect underlying emotional and cognitive coping strategies. In this context, the study makes a significant contribution by placing these two phenomena, which are frequently examined separately in the literature, within the same theoretical framework specifically for adolescents, thereby highlighting an important gap and underlining the need for a holistic model in future research.

From a practical perspective, it is recommended that risk assessment processes for adolescents should include not only approaches that focus on SU but also internal escape behaviors such as MD. In conclusion, this review emphasises the need to restructure preventive and protective mental health work in adolescence with a multidimensional perspective, providing a strong conceptual and practical contribution to the literature.

Declarations

Ethics Approval and Consent to Participate

Not applicable.

Consent for Publication

Not applicable.

Availability of Data and Materials

The literature review analysed during the current review is available from the corresponding author upon reasonable request.

Competing Interests

The authors declare that they have no competing interests.

Funding

Not applicable.

Authors' Contributions

FY and MÇ designed the article's concept and structure. FY conducted the literature review, data analysis, and interpretation. MÇ contributed to the supervision and writing stages of the study.

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